



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

本函檔號 Our Ref: FHB/H/16/104

電話號碼 Tel: 3509 8955

來函檔號 Your Ref: -

傳真號碼 Fax: 2840 0467

14 June 2018

Ms Maisie LAM
Clerk to Panel
Legislative Council Panel on Health Services
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

Dear Ms LAM,

**Strategy and Action Plan to Prevent and control
Non-communicable Diseases in Hong Kong**

During the discussion on the captioned subject at the meeting of the Legislative Council Panel on Health Services held on 21 May 2018, Members requested the Administration to provide supplementary information on three items. Our response is set out in the ensuing paragraphs -

- (a) Details of the indicators in respect of the nine targets set out in "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong" (Strategy and Action Plan) to quantify the achievement or progress made under each target by 2025

The details of the indicators in respect of the nine targets are at Annex A. Members of public may visit the following website to get access to further information on the Strategy and Action Plan -
<https://www.change4health.gov.hk/en/saptowards2025>.

- (b) Latest number of baby care facilities on government premises

As at December 2017, there are a total of 294 baby care rooms in government premises which are listed at Annex B.

(c) Details of health assessment service provided by 18 Elderly Health Centres under Department of Health (DH)

The 18 Elderly Health Centres (EHCs) of the Department of Health aim to address the multiple health needs of the elderly through prevention, early detection and control of disease. Adopting a family medicine approach and through a multi-disciplinary team, EHCs provide integrated primary healthcare services including health assessment, physical check-up, health education, individual counselling, and curative treatment to the elderly aged 65 or above on a membership basis.

Based on the "Hong Kong Reference Framework for Preventive Care for Older Adults in Primary Care Settings" promulgated by the Primary Care Office of DH, EHCs assess elders' lifestyles, activities of daily-living, functional abilities, and their physical, mental and psychosocial wellbeing. DH's doctors will also assess the elders' medical history, disease risk factors, medication history and conduct physical examination.

After the comprehensive health assessment, laboratory investigations will be prescribed by the DH's doctor according to the elder's individual needs. A separate follow-up appointment will be arranged for explaining the health assessment results, providing health advice/ education, and treatment to the elder, or referral to other specialties if necessary. Elders will also be referred to DH's allied health professionals including physiotherapists, occupational therapists, clinical psychologists, and dietitians for consultation and management of their conditions if necessary.

Yours sincerely,



(Ronald HO)
for Secretary for Food and Health

c.c. Director of Health (Attn.: Controller (Centre for Health Protection))

Summary of Local NCD Targets and Indicators for NCD Monitoring^{1,2}

Local targets (In line with WHO's global monitoring framework (GMF))	25 Key indicators [Monitoring frequency]	Nine Supplementary indicators [Monitoring frequency]
Target 1: Reduce premature deaths from NCD A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases by 2025	(1) Unconditional probability of dying between ages of 30 and 70 from four non-communicable diseases (4 NCD) namely, cardiovascular diseases, cancer, diabetes or chronic respiratory diseases [Annual]	Nil
	(2) Cancer incidence and mortality, by type of cancer, per 100 000 population breakdown by age and sex [Annual]	
	(20) Access to palliative care assessed by morphine-equivalent consumption of strong opioid analgesics (excluding methadone) per death from cancer [Annual]	
	(22) Availability of vaccines against human papillomavirus (HPV) as part of a national	

¹ The local NCD targets are adapted from the WHO's GMF of nine global voluntary targets and 25 indicators. The baseline selected by WHO for all global voluntary targets and indicators is 2010. However, due to local data availability, the baseline adopted by Hong Kong for each target and indicator varies, with the most recent available data adjacent to 2010 being selected.

² For easy reference to WHO's 25 indicators, the numbering of 'key indicators' follows WHO's GMF. For the sake of easy differentiation, a letter "S" is used to indicate the 'supplementary indicators'.

Local targets (In line with WHO's global monitoring framework (GMF))	25 Key indicators [Monitoring frequency]	Nine Supplementary indicators [Monitoring frequency]
	<p>immunisation schedule <i>[Annual]</i></p> <p>(24) Vaccination coverage of hepatitis B vaccine measured by proportion of children who received three doses of Hep-B vaccine (HepB3) and the timeliness of vaccination (as reflected by median and interquartile range) for HepB3 among preschool children <i>[Every 2 - 3 years]</i></p> <p>(25) Proportion of women between the ages of 30-49 screened for cervical cancer at least once <i>[Every 2 years]</i></p>	
<p>Target 2: Reduce the Harmful Use of Alcohol At least 10% relative reduction in the prevalence of binge drinking and harmful use of alcohol (harmful drinking/alcohol dependence) among adults and in the prevalence of drinking among youth by 2025</p>	<p>(3) Estimated total alcohol consumption per capita (aged 15+ years) within a calendar year in litres of pure alcohol <i>[Annual]</i></p> <p>(4a) Prevalence of binge drinking at least monthly among adolescents <i>[Every 1 or 2 years]</i></p> <p>(4b) Age-standardised prevalence of binge drinking at</p>	<p>(S1) Prevalence of ever drinking, 12-month drinking and 30-day drinking among young people <i>[Every 2 or 4 years]</i></p> <p>(S2) Proportion of adolescents reported having the first sip at age below 16 years <i>[Every 2 years]</i></p> <p>(S3) Proportion of</p>

Local targets (In line with WHO's global monitoring framework (GMF))	25 Key indicators [Monitoring frequency]	Nine Supplementary indicators [Monitoring frequency]
	least monthly among adults (aged 18+ years) <i>[Every 2 years]</i>	adolescents reported starting a monthly drinking habit at age below 16 years <i>[Every 2 years]</i>
	(5) Proportion of persons (aged 15+ years) who had an Alcohol Use Disorders Identification Test (AUDIT) score of 16 or above, which indicates harmful drinking or probable alcohol dependence <i>[Every 2 years]</i>	--
Target 3: Reduce physical inactivity A 10% relative reduction in prevalence of insufficient physical activity among adolescents and adults by 2025	(6) Prevalence of insufficiently physically active adolescents <i>[Annual]</i>	Nil
	(7) Age-standardised prevalence of insufficiently physically active persons aged 18+ years <i>[Every 2 years]</i>	
Target 4: Reduce salt intake A 30% relative reduction in mean population daily intake of salt/sodium by 2025	(8) Age-standardised mean intake of salt (sodium chloride) per day in grams among persons aged 18-84 years <i>[Every 4-6 years]</i>	Nil
Target 5: Reduce tobacco	(9) Prevalence of current tobacco use among adolescents	(S4) Prevalence of daily

Local targets (In line with WHO's global monitoring framework (GMF))	25 Key indicators [Monitoring frequency]	Nine Supplementary indicators [Monitoring frequency]
use A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years by 2025 when compared to the baseline prevalence in 2010	<i>[Every 2 years]</i>	cigarette smoking among persons aged 15+ years [Every 2-3 years]
	(10) Age-standardised prevalence of daily cigarette smoking among persons aged 18+ years <i>[Every 2-3 years]</i>	--
Target 6: Reduce high blood pressure Contain the prevalence of raised blood pressure by 2025	(11a) Age-standardised (and crude) prevalence of raised blood pressure among persons aged 18-84 years <i>[Every 4-6 years]</i>	Nil
	(11b) Age-standardised (and crude) mean systolic blood pressure (SBP) among persons aged 18-84 years <i>[Every 4-6 years]</i>	
Target 7: Halt the rise in diabetes and obesity Halt the rise in diabetes and obesity by 2025	(12) Age-standardised (and crude) prevalence of raised blood glucose/diabetes among persons aged 18-84 years <i>[Every 4-6 years]</i>	(S5) Prevalence of overweight and obesity in children under 5 years of age <i>[Annual]</i>
	(13) Detection rate of overweight and obesity in primary and secondary students, based on: <ul style="list-style-type: none"> • Local definition • WHO's definition <i>[Annual]</i>	(S6) Ever breastfeeding rate on discharge from hospitals <i>[Every 2 years]</i>

Local targets (In line with WHO's global monitoring framework (GMF))	25 Key indicators <i>[Monitoring frequency]</i>	Nine Supplementary indicators <i>[Monitoring frequency]</i>
	(14) Age-standardised (and crude) prevalence of overweight and obesity in persons aged 18-84 years, based on: <ul style="list-style-type: none"> • Local classification • WHO's classification <i>[Every 4-6 years]</i>	(S7) Rate of exclusive breastfeeding for 4 months <i>[Every 2 years]</i>
	(15) Age-standardised mean proportion of total energy intake from saturated fatty acids in persons aged 18+ years <i>[About every 10 years]</i>	(S8) Proportion of upper primary and secondary school students who spent 2 hours or more a day on the Internet or electronic screen products for purposes not related to school work <i>[Annual]</i>
	(16) Age-standardised prevalence of low fruit and vegetable consumption among persons aged 18+ years <i>[Every 2 years]</i>	(S9) Proportion of upper primary and secondary school students who had sleep time less than 8 hours a day on a typical night of a school day <i>[Annual]</i>

Local targets (In line with WHO's global monitoring framework (GMF))	25 Key indicators [Monitoring frequency]	Nine Supplementary indicators [Monitoring frequency]
	(17) Age-standardised prevalence of raised total cholesterol and mean total cholesterol among persons aged 18-84 years [Every 4-6 years]	--
	(21) Adoption of national policies that limit saturated fatty acids and eliminate partially hydrogenated vegetable oils (the main source of industrially produced trans-fats) in the food supply	--
	(23) Adoption of national policies to reduce the impact on children of marketing of unhealthy foods and non-alcoholic beverages	--
Target 8: Prevent heart attacks and strokes through drug therapy and counselling No specific local target at the moment due to lack of quantifiable indicators	Nil	Nil
Target 9: Improve availability of affordable basic technologies and essential medicines to	Nil	Nil

Local targets (In line with WHO's global monitoring framework (GMF))	25 Key indicators <i>[Monitoring frequency]</i>	Nine Supplementary indicators <i>[Monitoring frequency]</i>
treat NCD No specific local target at the moment due to lack of quantifiable indicators		

**Government premises with baby care facilities (by venue type)
(As at December 2017)**

Government department/ organisation	Venue type	No. of baby care rooms
Department of Health	Maternal and child health centres	31
	Health education centre	1
Hospital Authority	Hospitals and clinics in Hospital Authority clusters	84
	General out-patient clinics	10
Home Affairs Department	Community halls/centres	7
Housing Department	Shopping centres managed by the Housing Authority	10
Immigration Department	Birth registries	2
	Immigration branch offices	1
Leisure and Cultural Services Department	Performance venues	5
	Libraries	8
	Museums	5
	Music Office	1
	Leisure venues (Note 1)	76
Airport Authority	Passenger Terminal Buildings	39
Others	Others (Note 2)	14
Total		294

(Note 1) Including sports centres, swimming pools, sports grounds, stadia, tennis courts, parks, etc.

(Note 2) Including the Central Government Complex, departmental headquarters buildings,
Wetland Park, etc.